



10/12/01

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10-15-01

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 020897000120

First Inventor Collazo, Carlos M.

Title MULTI-PLATFORM OPTIMIZATION MODEL

Express Mail Label No. EL 827037893 US

JC921 U.S. PTO
10/12/01JC921 U.S. PTO
10/12/01

APPLICATION ELEMENTS		ADDRESS TO	
See MPEP chapter 600 concerning design patent application contents.		Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. X Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i>		8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	
3. X Specification [Total Pages 26] <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure 		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper number of pages c. <input type="checkbox"/> Statements verifying identity of above copies	
ACCOMPANYING APPLICATIONS PARTS			
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 C.F.R. §3.73(b)Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> Attorney			
11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations			
13. <input type="checkbox"/> Preliminary Amendment 14. X Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent 17. X Other: Petition for Acceptance of Color Images			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ / _____ Prior application information: Examiner _____ Group Art Unit: _____			
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label <div style="float: right;">20350</div>		or <input type="checkbox"/> Correspondence address below <i>(Insert Customer No. or Attach bar code label here)</i>	
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City		State	
Country		Telephone	
Zip Code		Fax	

Name (Print/Type)	Charles J. Kulas	Registration No. (Attorney/Agent)	35,809
Signature			Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

SF 1280500 v1

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 500.00)

Complete if Known	
Application Number	
Filing Date	
First Named Inventor	Collazo, Carlos M.
Examiner Name	
Group Art Unit	
Attorney Docket No.	020897-000120US

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to.

Deposit Account Number

20-1430

Deposit Account Name

Townsend and Townsend and Crew LLP

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
 Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 710	201 355		Utility filing fee	370
106 320	206 160		Design filing fee	
107 490	207 245		Plant filing fee	
108 710	208 355		Reissue filing fee	
114 150	214 75		Provisional filing fee	

SUBTOTAL (1)

(\$370)

2. EXTRA CLAIM FEES

Total Claims	8	-20**	=	0	X	\$9	=	\$0	Extra Claims	Fee from below	Fee Paid
Independent Claims	1	-3**	=	0	X	\$42	=	\$0			
Multiple Dependent					X		=				

Large Entity Fee Code (\$)	Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9		Claims in excess of 20
102 80	202 40		Independent claims in excess of 3
104 270	204 135		Multiple dependent claim, if not paid
109 80	209 40		** Reissue independent claims over original patent
110 18	210 9		** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$0)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65		Surcharge - late filing fee or oath	
127 50	227 25		Surcharge - late provisional filing fee or cover sheet	
139 130	139 130		Non-English specification	
147 2,520	147 2,520		For filing a request for reexamination	
112 920*	112 920*		Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*		Requesting publication of SIR after Examiner action	
115 110	215 55		Extension for reply within first month	
116 390	216 195		Extension for reply within second month	
117 890	217 445		Extension for reply within third month	
118 1,390	218 695		Extension for reply within fourth month	
128 1,890	228 945		Extension for reply within fifth month	
119 310	219 155		Notice of Appeal	
120 310	220 155		Filing a brief in support of an appeal	
121 270	221 135		Request for oral hearing	
138 1,510	138 1,510		Petition to institute a public use proceeding	
140 110	240 55		Petition to revive – unavoidable	
141 1,240	241 620		Petition to revive – unintentional	
142 1,240	242 620		Utility issue fee (or reissue)	
143 440	243 220		Design issue fee	
144 600	244 300		Plant issue fee	
122 130	122 130		Petitions to the Commissioner	130
123 50	123 50		Petitions related to provisional applications	
126 180	126 180		Submission of Information Disclosure Stmt	
581 40	581 40		Recording each patent assignment per property (times number of properties)	
146 710	246 355		Filing a submission after final rejection (37 CFR § 1.129(a))	
149 710	249 355		For each additional invention to be examined (37 CFR § 1.129(b))	
179 710	279 355		Request for Continued Examination (RCE)	
169 900	169 900		Request for expedited examination of a design application	
Other fee (specify)				

The Commissioner is authorized to charge any additional fees to the above noted Deposit Account.

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$130)

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Charles J. Kulas	Registration No. (Attorney/Agent)	35,809	Telephone 415-576-0200
Signature				Date 10-12-01

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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I hereby certify that this is being deposited with the United States Postal Service "Express Mail Post Office to Address" service under 37 CFR 1.10 on the date indicated above and is addressed to:

Assistant Commissioner for Patents

Washington, D.C. 20231

By: 

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Carlos M. Collazo

Application No.: Unassigned

Filed: Herewith

For: MULTI-PLATFORM
OPTIMIZATION MODEL

Examiner: Unassigned

Art Unit: Unassigned

**PETITION UNDER 37 C.F.R. §184(B)(2)
FOR ACCEPTANCE OF COLOR IMAGES**

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Applicant, through his undersigned attorney, hereby petition under 37 C.F.R. §1.84(b)(2) that the attached colored images be accepted in the above-referenced application in the same manner as provided for photographs.

10/17/2001 WABDELRI 00000105 201420 03576518
02 FC:122 130.00 CH

Respectfully submitted,


Charles J. Kulas
Reg. No. 35,809

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SF 1280486 v1